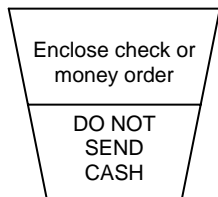


Checklist

Before you mail this application, be certain that you have completed the following:

- _____ I have enclosed official transcripts showing the awarding of both my bachelor's degree and master's degree. If my transcripts are being sent separately, I have included a note to that effect.
- _____ I have included a copy of my out-of-state school counseling license.
- _____ I have had section II signed by the recommending official at the institution at which I completed my school counseling program.
- _____ I have been fingerprinted and am sending along (or have already sent) the fingerprint card and waiver form that I received from the Iowa Board of Educational Examiners.
- _____ I have completed and signed the section titled "Background Information."
- _____ If I answered "Yes" to any question under "Background Information," I have attached a written explanation on 8 1/2 x 11" paper.
- _____ I have enclosed \$145 to cover both the evaluation fee and licensure fee.
- _____ I have enclosed \$52 to cover the cost of my background check. (You may send a single check or money order for \$197).
- _____ I am mailing the entire packet to:

State of Iowa
Board of Educational Examiners
Licensure
Grimes State Office Building
400 E. 14th St.
Des Moines, Iowa 50319-0147



APPLICATION FOR A SCHOOL COUNSELOR EXCHANGE LICENSE

State of Iowa
Board of Educational Examiners
Licensure
Grimes State Office Building
400 E. 14th St.
Des Moines, Iowa 50319-0147

Revised 3/08

INSTRUCTIONS:

1. Complete Section I.
2. Enclose a \$145.00 nonrefundable check or money order made payable to the Board of Educational Examiners. This fee consists of a \$60.00 evaluation fee and a \$85.00 licensure fee.
3. Attach official college/university transcripts of credit for the baccalaureate and master's degree programs.
4. Complete Section II.
5. Attach a copy of your out-of-state school counseling license.
6. Complete fingerprint packet information. Enclose the \$52 fee.
7. Send all materials to the address that appears in the upper right hand corner of this page.
8. Please allow four weeks for processing.

Section I: TO BE COMPLETED BY APPLICANT

Applicant's Folder # (To Be Assigned by BoEE Office)	Social Security #	Date of Birth Month Day Year	<input type="checkbox"/> Male <input type="checkbox"/> Female
Last Name	First Name	Middle Name	Maiden Name
Address	City	State	Zip Code
Home Phone ()	Work Phone ()	Email Address	

Background Information:

For any "Yes" response attach a written explanation on 8 1/2 x 11" paper. Be sure to include the date of the violation. DO NOT explain on this application form. *If you have reported a "Yes" response on a previous application, check PR (previously reported) instead of "Yes" on this application if no further conviction(s) has occurred.

- a. Yes ☐ No ☐ PR ☐ Have you ever been convicted of a felony?
- b. Yes ☐ No ☐ PR ☐ Have you ever been convicted of a crime other than parking or speeding violations (report any OWIs)?
- c. Yes ☐ No ☐ PR ☐ Have you ever had a founded report of child abuse made against you?
- d. Yes ☐ No ☐ PR ☐ Have you ever had an educational license revoked or suspended?

Statement of Fraud: Fraud in procurement of a license or falsifying records for licensure purposes will constitute grounds for filing a complaint with the Iowa Board of Educational Examiners.

I certify under penalty of perjury and pursuant to the laws of the state of Iowa that the preceding information is true and correct.

Signature of Applicant

Date

Section II: TO BE COMPLETED BY INSTITUTION

We verify that the applicant has completed our master's degree program in school guidance counseling.

COLLEGE
SEAL

Signature of Recommending Official

Name of Institution

Typed Signature of Recommending Official and Phone Number